

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE

All reportable transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: New Hampshire Hospital Association	OF STATE
(Name of partnership, firm or corporation) 900 Elm Street, P.O. Box 326 Manchester NH 03105-0326 Business Address: (Street) (Town/City) (State) (Zip Code) (603) 628-1485 (603) 625-5650 c-mail joel.maiola@mclanegps.co. (Fax) III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report reportable expense transactions which are not attributable to any one client). IX. All reportable transactions occurring in the months prior to the reporting date relative to the following client: New Hampshire Hospital Association (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which unrelated to any particular client. IV. Date of Report April 25, 2018 July 25, 2018 January 30, 2019 Reports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18 October 31, 2018 January 30, 2019 Reports cover: activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18 V. There have been no fees received and no reportable transactions made since the last report. Jf this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses	
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☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement	
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions.	ons
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is transfer and complete to the best of my knowledge and belief. (Signatur of lobbyist) Joel Maiola (Print Name of lobbyist)	ue

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Joel Maiola		
II. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LLC (Name of partnership, firm or corporation)		
	Dava	
III. Name of Client New Hampshire Hospital	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or p	oublic relations service
a) Total of all fees received in this reporting period	a) \$	25,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).		75,000.00
c) Total of all fees received to date (Add lines a and b)	c) \$	100,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if exmay be filed (exaggregate total expenses; (b) the let meals pureless than \$10 that do with a value orting period of the of greater than \$25, but, expense reinty	penditures are made b for the lobbyist(s)/firm lal of all expenses pai be aggregate total of a hased during a busines at is given to the perso c of \$25.00 or less); an f greater than \$25.00 fc han \$25, purchase of at not greater than \$50 abursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	25,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c). Total of all itemized expenditures reported in detail in section VI.	c) S	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$25,00
e) Total of expenses paid this calendar year, prior to this repo (This should be the amount on line f of addendum A for last	
f) Total of all expenses year to date	0 \$
VI. Other Expenses: Provide the following detail for all expenditures of more than period, including by whom paid or to whom charged.	\$25 made from lobbying fees during this rep
Paid to:	Amount:
	ss
	\$
	s
	ss
· · · · · · · · · · · · · · · · · · ·	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and be	. y swear or affirm that the foregoing infor
(Signature of lobbyist)	1/39/19 (Date)
Joel Maiola (Print Name of lobbyist)	